

STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH
Drinking Water State Revolving Fund
Small System Emergency Power Generator Program
Loan Eligibility Application

DWSRF ID
(office use only)

1. Public Water System Name		2. PWSID Number
Authorized Legal Representative (Official authorized to sign for applicant)		
3. Name:		4. Title:
5. Mailing address:		
6. Telephone #:	7. Fax #:	8. Email Address:
Contact Person (if not Authorized Legal Representative)		
9. Name:		10. Title:
11. Mailing address:		
12. Telephone #:	13. Fax #:	14. Email Address:
15. Population served by the Public Water System (number of persons):		
16. Does your water system require multiple generators to operate separate water system facilities (well house, pump stations, valve chambers, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide the name of the facility for this application: (separate applications are required for each facility in need of a generator)		
17a: Does your PWS currently have a working emergency generator? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide answers to questions 17b-g; If no, skip to question 18		
17b What is the source of fuel for the generator? Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Nat. Gas <input type="checkbox"/>		
17c: What is the age of the generator (in years)?		
17d: What is the size of the generator (in kilowatts)?		
17f: Does the generator provide sufficient capacity to maintain critical water system electrical components during a prolonged power outage? Yes <input type="checkbox"/> No <input type="checkbox"/>		
17g: What electrical requirements does the generator currently provide (check all that apply)? Three-phase <input type="checkbox"/> Single-Phase <input type="checkbox"/>		
18. Provide the location (street address) of the proposed generator installation:		
19. Estimated Total Cost of Project (In dollars): \$		
20. Project type: <input type="checkbox"/> Generator purchase only <input type="checkbox"/> Purchase & installation of generator <input type="checkbox"/> Electrical work to accept generator <input type="checkbox"/> Other Specify:		
21: Will other sources of funding (non-DWSRF) be used to pay for a portion of this project? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify the amount(s) and source(s) of other funding:		
22. What electrical requirements will the generator need to provide (check all that apply)? Three-phase <input type="checkbox"/> Single-Phase <input type="checkbox"/>		
23. Project start and completion dates:		

These supporting documents will be required for loan processing but do not need to be included with this application. (Indicate "Yes" if documents are attached to this application or provide the expected submission date in the left column)

	1	Tax return from the last year (form 990 for non-profits) or Annual financial statements showing account balances for the Public Water System
	2	A resolution adopted by the applicant authorizing a specific person to file the application and execute the loan agreement. In the case of a municipality, the resolution must be certified and sealed by the Town/City Clerk; and in the case of a private entity, authorization must be evidenced by the appropriate parties.

Authorized Legal Representative Signature: _____ **Date:** _____

Return the completed application to:

Mr. Cameron Walden
Department of Public Health
410 Capitol Avenue, MS# 51WAT
P.O. Box 340308
Hartford, CT 06134-0308
Email: Cameron.Walden@ct.gov

Contacts for Questions

Administrative: Theodore Dunn, DPH (860) 509-7333
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